

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-779)**

SERIAL NO.

10/563624

FILING DATE

APPLICANT'S

**CLAIMS**

	AS FILED		AFTER 1st ADJUSTMENT		AFTER 2nd ADJUSTMENT			AS FILED		AFTER 1st ADJUSTMENT		AFTER 2nd ADJUSTMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5	1		1				55						
6				1			56						
7				1			57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL CEN.		2					TOTAL CEN.						
TOTAL CEN.		5					TOTAL CEN.						
TOTAL CEN.		7					TOTAL CEN.						

BEST AVAILABLE COPY